

Hazardous Waste Section
File Room Document Transmittal Sheet

17

Your Name: BELLA NGUYEN
EPA ID: NCR000167205
Facility Name: GLENMARK PHARMACEUTICALS INC.
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 4/8/2016
Author of Doc: MOSES OLADUGBEWO

File Room Use Only

Date Recieved by File Room:

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| Month | Day | Year |
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NCR000167205

Scanner's Initials:

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Governor

DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Acting Director

April 28, 2016

ERIC JOHNSON
GLENMARK PHARMACEUTICALS INC
4147 GOLDMINE RD
CHARLOTTE NC 28110

RE: EPA ID # NCR000167205 - GLENMARK PHARMACEUTICALS INC

Dear Facility Contact:

Thank you for notifying the North Carolina Hazardous Waste Section of your activities as a Small Quantity Generator of hazardous waste. The EPA ID Number assigned to your site is shown above. Please notify us if any information about your site changes: such as the facility name, site address, regulatory status, facility contact/address/phone number, or if your facility plans to close, by completing an EPA Form 8700-12.

NC Hazardous Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646

If you are considered a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Transporter, or a Treater, Storer or Disposer (TSD) facility, you are required to pay an annual fee to the State of North Carolina. Accordingly, an invoice is attached to this letter. These fees are used to support NC State programs and ensure the safe management of hazardous waste. We encourage you to become familiar with the NC Hazardous Waste Management Rules that have been codified in the NC Administrative Code at 15A NCAC 13A. You may obtain a printed copy of the rules for \$32.00 by contacting Patricia Davalos at 919-707-8233. For more information on the rules, visit <http://portal.ncdenr.org/web/wm/hw/rules>. We specifically draw your attention to Rules .0101, .0102, .0106 and .0107. These provisions address requirements potentially applicable to generators of hazardous waste. For an explanation of EPA requirements, go to <http://www.epa.gov/wastes/hazard/downloads/tool.pdf>.

If you have any questions, please contact Melodi Deaver at (919)-707-8204.

Sincerely,

A handwritten signature in black ink, appearing to read 'Julie Woosley', is written over a horizontal line.

Julie Woosley, Chief
Hazardous Waste Section

cc: Central Files(General)

IBeam - RCRA Site Detail

Report run on: April 28, 2016

NCR000167205 GLENMARK PHARMACEUTICALS INC

County: UNION Source Type: N Seq. Number: 13 Received Date: 21 Apr 2016

Location 4147 GOLDMINE RD
Address: CHARLOTTE, NC 28110

Mailing 4147 GOLDMINE RD
Address: CHARLOTTE, NC 28110

Contact Person ERIC JOHNSON
For Source (704) 218-2600X2626
Information

4147 GOLDMINE RD
CHARLOTTE, NC 28110
US

Owner (current)
GLENMARK PHARMACEUTICALS INC

4147 GOLDMINE RD
MONROE, NC 28110

Type: P

From: 08/14/2014

To:

Phone: (704) 218-2600

Operator (current)
MOSES OLADUGBEWO

4147 GOLDMINE RD
CHARLOTTE, NC 28110

Type: P

From: 11/12/2016

To:

Phone:

Land Type: P

Non Notifier : E

Commercial Availability:

Tsd Date:

Accessibility:

No. Employees :

State District:

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Small Quantity Generator; **State:** Small Quantity Generator

Transfer Facility:

Used Oil Activities

Other Hazardous Waste Generator Activities

Used Oil Transport Activity

Off-Specification Used Oil Burner: No

Importer Activity: No

Transporter: No

Used Oil Fuel Marketer Activity

Mixed Waste Generator: No

Transfer Facility: No

Marketer who direct shipment off-specification used oil to off-specification used oil burner: No

Transporter Activity: No

Used Oil Processor and/or Re-refiner Activity

TSD Activity: No

Processor: No

Marketer who first claims the used oil meets the specifications: No

Recycler Activity: No

Refiner No

Exempt Boiler and/or Industrial Furnace

Underground Injection Control: No

Destination Facility for Universal Waste: No

Small Quantity Onsite Burner Exemption: No

Smelting, melting, Refining Furnace Exemption: No

Identification Information

First Name : MOSES

Title SR DIR

Last Name : OLADUGBEWO

Date Signed 04/08/2016

SATIS Codes

325412

Comments

CREATED NEW 8700-12 DATED 4/8/2016 AS A SQG. MD 4/28/2016

Waste Codes**Code D**

D001
D002
D007
D022
D028

Code F

F001
F002
F005

Code K

Code P

P089

Code R

Code U

U070
U080

Code X



Waste Management
ENVIRONMENTAL QUALITY

2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE
GLENMARK PHARMACEUTICALS INC
4147 GOLDMINE RD
CHARLOTTE, NC 28110

FACILITY LOCATION ADDRESS:

ERIC JOHNSON
GLENMARK PHARMACEUTICALS INC
4147 GOLDMINE RD
CHARLOTTE, NC 28110

| FACILITY EPA ID # | INVOICE # | INVOICE DATE | AMOUNT DUE | DUE DATE | ENTER AMOUNT PAID |
|-------------------|-----------|--------------|------------|------------|-------------------|
| NCR000167205 | HW71489 | 4/28/2016 | 175.00 | 05/28/2016 | |

- A. Fee Requirements: Pursuant to North Carolina General Statute 130A-294.1, a Facility must pay fee(s) based on its hazardous waste management activities. The fees are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required fees could result in an enforcement action with a penalty.
- B. Invoice amount is based on the registered status as of the invoice date and includes any past-due balances. A 10% late-payment penalty has been assessed for Fiscal Year 2014 if the annual fee was not paid by June 30, 2015.
- C. If Fiscal Year 2015 annual fees are not paid by June 30, 2016, the facility must pay a late-payment of 10% of the total amount due.
- D. In accordance with N.C.G.S. § 147-86.23, a facility may petition for waiver of any late-payment penalty but the Hazardous Waste Section will only grant a waiver for good cause shown.

| FACILITY STATUS | FEE | TONNAGE | AMOUNT DUE |
|--------------------------|----------|------------------|------------|
| SMALL QUANTITY GENERATOR | \$175.00 | ----- | \$175.00 |
| | | PAST DUE | \$0.00 |
| | | CREDIT | \$0.00 |
| | | TOTAL AMOUNT DUE | \$175.00 |

E. Remit Payment:


To pay via electronic bank transfer, go to <http://portal.ncdenr.org/web/wm/hw/epayment>. You will need your EPA facility ID# and invoice number, as well as your bank routing and account numbers. There is no fee for electronic transfers. Partial payments are not allowed with this payment method.

To pay via mail with a paper check or money order, please make payable to N.C. Hazardous Waste Section. Include EPA ID# and Invoice # on check. Please note per NC General Statute (G.S. 25-3-506), a \$25.00 processing fee will be charged on all returned checks. Please return a copy of this invoice with your payment to:

ATTN: PATRICIA DAVALOS
NC HAZARDOUS WASTE SECTION
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646

OMB# 2050-0024; Expires 01/31/2017

APR 15 2016

| | | | |
|---|--|--------------|---|
| SEND COMPLETED FORM TO: The Appropriate State or Regional Office. | United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM | |  |
| 1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY | Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) | | |
| 2. Site EPA ID Number | EPA ID Number <u>NCR000167205</u> | | |
| 3. Site Name | Name: Glenmark Pharmaceuticals Inc. | | |
| 4. Site Location Information | Street Address: 4147 Goldmine rd | | |
| | City, Town, or Village: Charlotte | | County: Union |
| | State: NC | Country: USA | Zip Code: 28110 |
| 5. Site Land Type | <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |
| 6. NAICS Code(s) for the Site (at least 5-digit codes) | A. <u>3 2 5 4 1 2</u> | | C. <u> </u> |
| | B. <u> </u> | | D. <u> </u> |
| 7. Site Mailing Address | Street or P.O. Box: 4147 Goldmine rd | | |
| | City, Town, or Village: Charlotte | | |
| | State: NC | Country: USA | Zip Code: 28110 |
| 8. Site Contact Person | First Name: Eric MI: Last: Johnson | | |
| | Title: EHS Specialist | | |
| | Street or P.O. Box: 4147 Goldmine rd | | |
| | City, Town or Village: Monroe | | |
| | State: NC | Country: USA | Zip Code: 28110 |
| | Email: eric.johnson@glenmarkpharma.com | | |
| | Phone: 704-218-2600 | Ext.: 2626 | Fax: |
| 9. Legal Owner and Operator of the Site | A. Name of Site's Legal Owner: Glenmark Pharmaceuticals Inc | | Date Became Owner: 14 Aug 2014 |
| | Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |
| | Street or P.O. Box: 4147 Goldmine rd | | |
| | City, Town, or Village: Monroe | | Phone: 704-218-2600 |
| | State: NC | Country: USA | Zip Code: 28110 |
| | B. Name of Site's Operator: Moses Oladugbewo | | Date Became Operator: 12 Nov 2016 |
| | Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes," mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.

- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒

- 5. Transporter of Hazardous Waste** If "Yes," mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

- 7. Recycler of Hazardous Waste**

Y ☐ N ☒

- 8. Exempt Boiler and/or Industrial Furnace** If "Yes," mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

- 9. Underground Injection Control**

Y ☐ N ☒

- 10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒

- 2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒

- 1. Used Oil Transporter** If "Yes," mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 2. Used Oil Processor and/or Re-refiner** If "Yes," mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒

- 3. Off-Specification Used Oil Burner**

Y ☐ N ☒

- 4. Used Oil Fuel Marketer** If "Yes," mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:☐ a. College or University☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or universityY ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

| D001 | D002 | D007 | D022 | D028 | F001 | F002 |
|------|------|------|------|------|------|------|
| F005 | U070 | U080 | P089 | | | |
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B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

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**ADDENDUM TO THE SITE IDENTIFICATION FORM:
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY****ONLY fill out this form if:**

- ❖ You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; **AND**
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

1. Indicate reason for notification. Include dates where requested.

- ☒ Facility will begin managing excluded HSM as of 04/11/2016 (mm/dd/yyyy).
- ☐ Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- ☐ Facility has stopped managing excluded HSM as of _____ (mm/dd/yyyy) and is notifying as required.

2. Description of excluded HSM activity. Please list the appropriate codes and quantities in **short tons** to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

| a. Facility code (answer using codes listed in the Code List section of the instructions) | b. Waste code(s) for HSM | c. Estimated short tons of excluded HSM to be managed annually | d. Actual short tons of excluded HSM that was managed during the most recent odd- numbered year | e. Land-based unit code (answer using codes listed in the Code List section of the instructions) |
|---|--------------------------|---|--|--|
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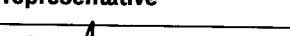
3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))Y ☐ N ☐ Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

| Signature of legal owner, operator, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|---|--------------------------|
|  | Moses Oladugbewo, Sr Director- Ops | 04/08/2016 |
|  | Eric Johnson, EHS-Specialist | 04/08/2016 |
| | | |
| | | |